

NOTICE OF INTENT

FOR

GENERAL PERMIT TO DISCHARGE STORM WATER
ASSOCIATED WITH INDUSTRIAL ACTIVITY (Wq Order No. 91-13-DWQ)
(Excluding Construction Activities)

002742



2

MARK ONLY
ONE ITEM

1. ☒ Existing Facility
2. ☐ New Facility

3. ☐ Change of Information
WQID#

I. OWNER/OPERATOR

Name: Cargill, Inc.	A. Owner/Operator Type: (Check one)		
Mailing Address: P.O. Box 364	1. <input type="checkbox"/> City	2. <input type="checkbox"/> County	3. <input type="checkbox"/> State
City: Newark	5. <input type="checkbox"/> Special District	6. <input type="checkbox"/> Government Combo	7. <input checked="" type="checkbox"/> Private
Contact Person: Barbara Ransom	State: CA	Zip: 94560-4206	Phone: (510) 797-1820
B. 1. <input type="checkbox"/> Owner 2. <input type="checkbox"/> Operator 3. <input checked="" type="checkbox"/> Owner/Operator			

II. FACILITY/SITE INFORMATION

Facility Name: Redwood City	County: San Mateo
Street Address: 295 Seaport Blvd.	Contact Person: Tim Cook
City: Redwood City	State: CA
Parcel Number(s) (If more than 4 apply to facility, enter additional numbers in SECTION IX. A):	Zip: 94063-2708
Phone: (415) 368-3120	
A. APN 54-320-47 B. APN 54-310-15 C. D.	

III. BILLING ADDRESS

Send Billing Statements To:	A. <input checked="" type="checkbox"/> Owner/Operator	B. <input type="checkbox"/> Facility	C. <input type="checkbox"/> Other (Specify in SECTION IX. B)
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IV. RECEIVING WATER INFORMATION

A. Does your facility's storm water discharge directly to: (Check one)	
1. <input type="checkbox"/> Storm drain system	
Owner of storm drain system: (Name)	
2. <input checked="" type="checkbox"/> Directly to waters of U.S. (e.g., river, lake, creek, ocean) perimeter of stack side road and dock run off.	
3. <input type="checkbox"/> Indirectly to waters of U.S.	
B. Name of closest receiving water:	
Redwood Creek (Dock Side) , Westpoint Slough (shop side off Seaport)	

V. INDUSTRIAL INFORMATION

A. SIC Code(s):	B. Type of Business:
1. 2898 2. 3. 4.	Solar salt production
C. Industrial activities at facility: (Check all that apply)	
1. <input checked="" type="checkbox"/> Manufacturing	2. <input checked="" type="checkbox"/> Vehicle Maintenance
4. <input checked="" type="checkbox"/> Material Storage	5. <input checked="" type="checkbox"/> Vehicle Storage
8. <input type="checkbox"/> Power Generation	9. <input type="checkbox"/> Recycling
3. <input type="checkbox"/> Hazardous Waste Treatment, Storage, or Disposal Facility (RCRA Subtitle C)	6. <input checked="" type="checkbox"/> Material Handling
7. <input type="checkbox"/> Wastewater Treatment	10. <input type="checkbox"/> Landfill
99. <input type="checkbox"/> Other:	

VI. MATERIAL HANDLING/MANAGEMENT PRACTICES

A. Types of materials handled and/or stored outdoors: (Check all that apply)

1. ☐ Solvents 2. ☒ Scrap Metal 3. ☒ Petroleum Products 4. ☐ Plating Products
 5. ☐ Pesticides 6. ☒ Hazardous Wastes 7. ☒ Paints 8. ☐ Wood Treating Products
 99. ☒ Other (Please list) Salt

B. Identify existing management practices employed to reduce pollutants in industrial storm water discharges: (Check all that apply)

1. ☐ Oil/Water Separator 2. ☒ Containment 3. ☒ Berms 4. ☐ Leachate Collection
 5. ☐ Overhead Coverage 6. ☐ Recycling 7. ☐ Retention Facilities 8. ☐ Chemical Treatment
 99. ☐ Other (Please list)

VII. FACILITY INFORMATION

A. Total size of site: (Check one)

21 ☒ Acres ☐ Sq. Ft.

B. Percent of site impervious: (Including rooftops)

7 %

VIII. REGULATORY STATUS (Check all that apply)

A. <input checked="" type="checkbox"/> Regulated by Storm water Effluent Guidelines (40 CFR Subchapter N)	B. <input type="checkbox"/> Waste Discharge Requirements (Order Number) _____	C. <input checked="" type="checkbox"/> NPDES Permit CA 0028690
D. <input type="checkbox"/> RCRA Permit Number _____	E. <input type="checkbox"/> Regulated by California Code of Regulations Article 6, Chapter 15 (Feedlots).	

IX. COMMENTS (Enter additional information for SECTIONS II AND III)

A. Additional Parcel Numbers:
B. Billing Information: (Enter Name and Address)

X. CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment." In addition, I certify that the provisions of the permit, including the development and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan, will be complied with.

Printed Name: C. H. WESTMORELAND
 Signature: [Signature] Date: 3/27/92
 Title: GEN OPER MGR

STATE USE ONLY 002742

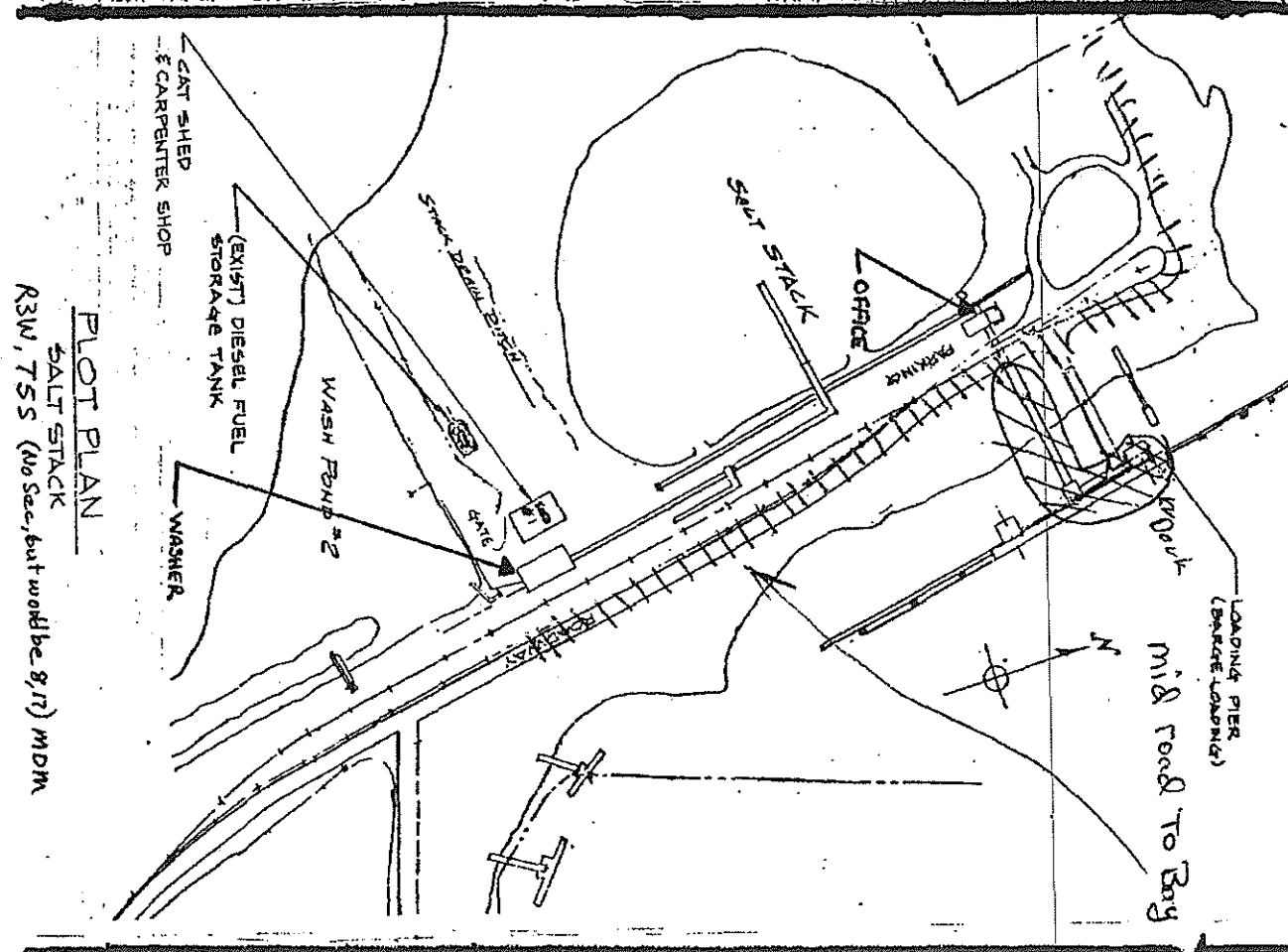
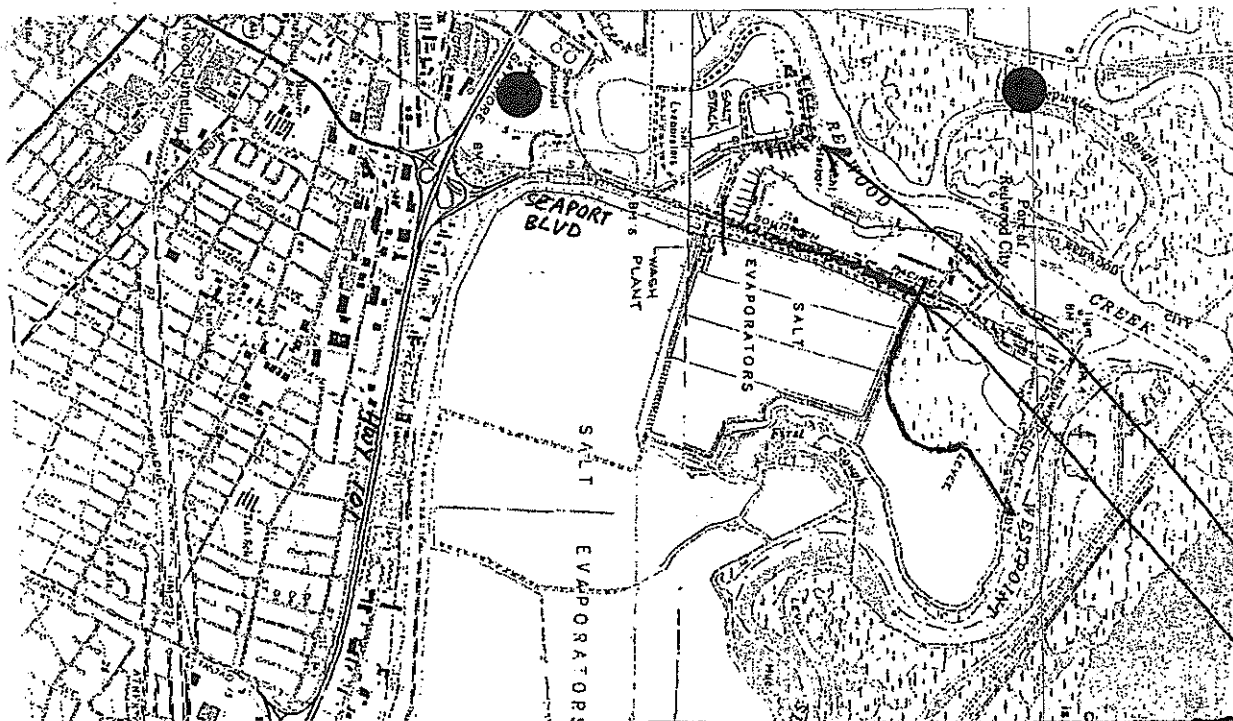
WDID: <u>2415</u>	Regional Board Office: <u>2</u>	Date Permit issued: _____
NPDES Permit Number: CA _____	Order Number: _____	Fee Amount Received: \$ <u>250.500</u> Date NOI Received: <u>APR 01 1992</u>

REDWOOD CITY SOLAR
OVER ALL VIEW

OVER ALL VIEW

STACKING GROUND AREA

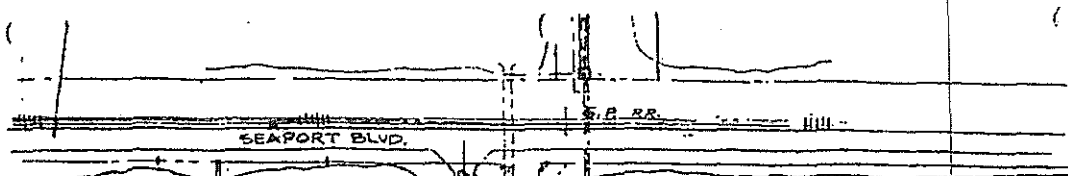
Discharge of Rainwater only



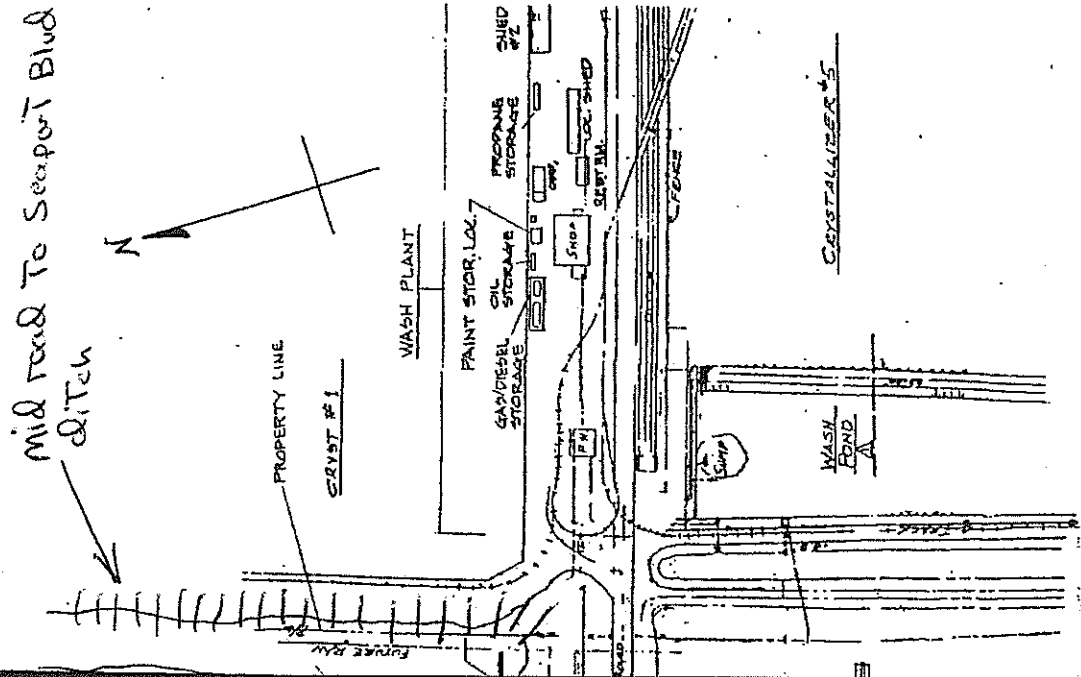
PLOT PLAN

SALT STACK

SALT SLACK
R3W, 755 (No Sec, but would be 8,17) MDM

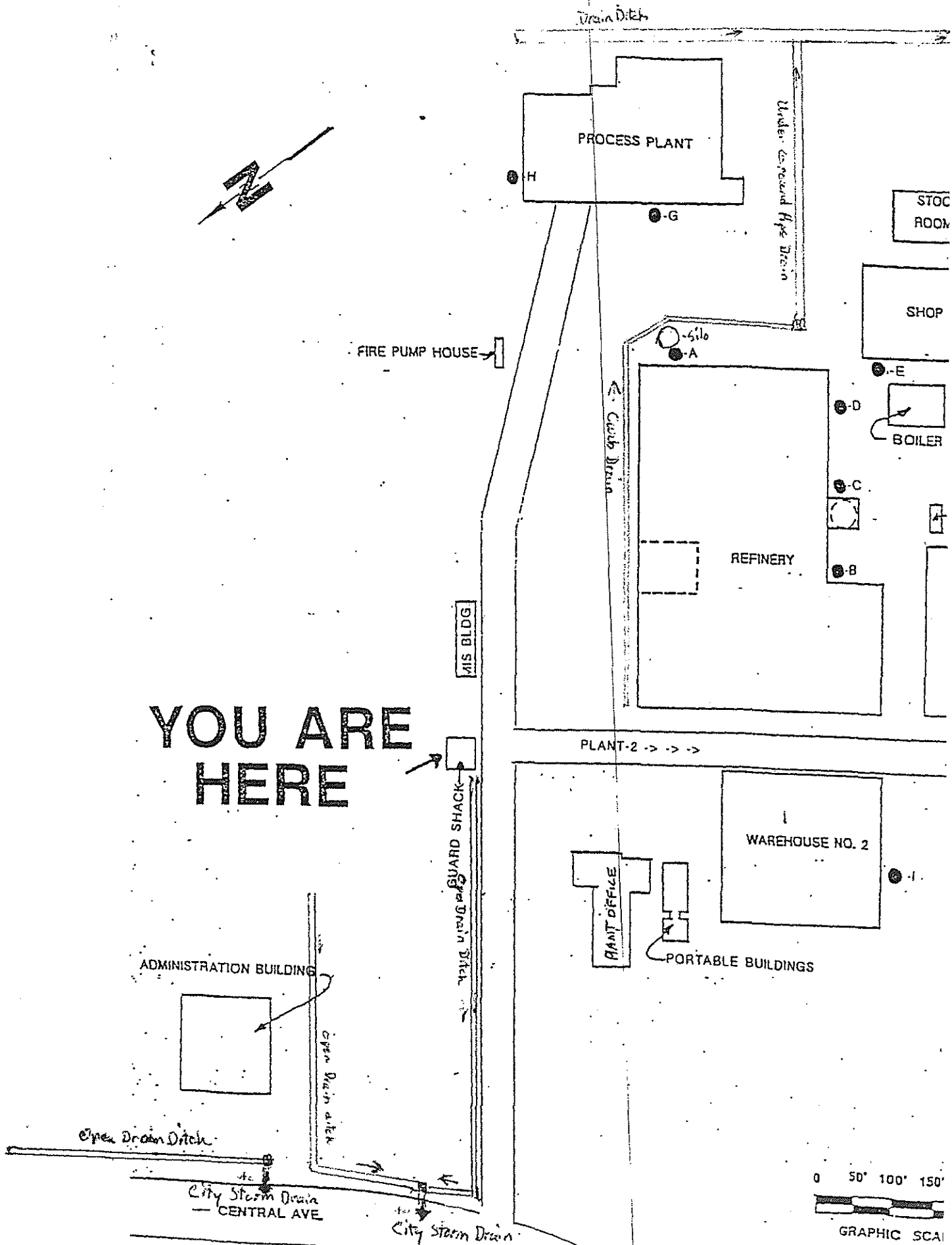


WASH PLANT AREA



TITLE	PLANT
	WASH

**YOU ARE
HERE**



R2W T55 S12 12

Drain Ditch to ~~Washing~~ Slough
Measuring

2742

Leslie Salt

A Cargill Company

*Normal, Cal
S. H. B. ...*

PLANT 2 AREA

← PAINT SHOP

← STORAGE

● -F
-F1

← TRACTOR REPAIR

● -M → WEIGH HOUSE

HOUSE

ORAGE

← LIME HOUSE

WASH HOUSE

● -J

STORAGE SHED

● -K

← CARPENTER SHOP

LAB

● -L

LOCOMOTIVE STORAGE AREA

● = SYSTEM RISER

200'

RECEIVED

MAY 06 1997

LAND DEPT.

State of California State
Water Resources Control Board
NOTICE OF INTENT
For Existing Facility Operators



489-4-1

TO COMPLY WITH THE TERMS OF THE
GENERAL PERMIT TO DISCHARGE STORM WATER
ASSOCIATED WITH INDUSTRIAL ACTIVITY (WQ ORDER No. 97-03-DWQ)

This Notice of Intent (NOI) is being sent to all facility operators that were enrolled under the prior Industrial Storm Water General Permit that has now expired. A new General Permit has been adopted to replace the expired one. To enroll under the new General Permit, review this NOI (and make any necessary corrections), sign the CERTIFICATION on the reverse side, and return this original NOI within 45 days of receipt to: STORM WATER NOI PROCESSING UNIT, STATE WATER RESOURCES CONTROL BOARD, PO BOX 1977, SACRAMENTO, CA 95812-1977

FACILITY OPERATOR INFORMATION:

NAME: CARGILL INC
STREET: 7220 CENTRAL AVENUE
CITY, STATE, ZIP: NEWARK, CA 94560-4206

WDID: 2 41S002742

CONTACT & PHONE
BARBARA RANSOM
(510) 790-8182

FACILITY LOCATION:

NAME: REDWOOD CITY
STREET: 295 SEAPORT BLVD.
CITY, STATE, ZIP: REDWOOD CITY, CA 94063-2708

County: San Mateo
CONTACT & PHONE

~~ANTHONY PAREDES~~
OK (415) 368-3120

~~TREVOR WILLSMER~~

FACILITY MAILING ADDRESS: (IF DIFFERENT THAN FACILITY LOCATION)

STREET OR POST OFFICE BOX: _____

CITY, STATE, ZIP: _____

ADDRESS FOR CORRESPONDENCE - SEND TO: (CHECK ONE)

☐ Facility Operator Address ☒ Facility Mailing Address ☐ Both

BILLING ADDRESS INFORMATION - SEND TO: (CHECK ONE)

☐ Facility Operator Address ☒ Facility Mailing Address ☐ Other (enter below)

NAME: _____
STREET: _____
CITY, STATE, ZIP: _____
CONTACT PERSON: _____

PHONE: _____

SIC(S) OF REGULATED ACTIVITY:

2899 Chemicals & Chemical Preparations, not elsewhere classified

CERTIFICATION:

WDID: 2 41S002742

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that the provisions of the permit, including the development of and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan, will be complied with."

Printed Name: Barbara N. Ransom

Signature: *Barbara N. Ransom* Date: 6/11/97

Title: Environmental Manager

BARBARA RANSOM
CARGILL INC
7220 CENTRAL AVENUE
NEWARK, CA 94560-4206

For State Water Board Use